

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

| . Name of Loppyist(s) Ge | orge w. Roussos a | ind bindsay E. Nad | leau |
|--|--|--|---|
| I. Name of lobbyist's part | nership, firm or corporation, | if any: | |
| Orr & Reno, P.A | | | |
| (Name of p | artnership, firm or corporation) | | |
| 45 S. Main St. | PO Box 3550 Con | cord NH | 03302 |
| usiness Address: (Street) | (Town/Cit | y) (State) | (Zip Code) |
| 503) 224-2381 | (603) 224-23 | 18 e-mail gro | ussos@orr-reno.com |
| (Telephone) | | (Fax) | |
| | (Choose one – file separate r tions which are not attributa | | u may file a separate report fo |
| eportable expense transac | tions which are not attribute | bic to any one chemej. | |
| All reportable transaction | ns occurring in the months price | or to the reporting date relative | to the following client: |
| American Insu: | rance Association | | • |
| · | Name of Client as it appears on the | ne Lobbyist Registration Form) | |
| <u> </u> | | | |
| All reportable transaction number to the All reportable transaction of the All reports and the All reports are the All reports | | e lobbyist's family), or the lobb | bying firm listed below which a |
| mented to may purction of | | | |
| V. Date of Report Apr | il 26, 2017 🛚 | July 26, 2017 🗵 | |
| | n date of registration to 3/31/17 | activity from 4/1/17 to 6/3 | _ |
| | ober 25, 2017 representation of the following states of the control of the cont | January 31, 2018 activity from 10/1/17 to 1 | |
| исичи |) jrum //1/1/ 10 3/30/1/ | activity from 10/1/17 to 1 | 24.51/17 |
| 7. There have been no for this box is checked, comple Concord, NH 03301. | ees received and no report ete just this form and submit it | able transactions made sin to the Secretary of State's Offi | ice the last report. Green State House, Room 204, |
| I. Check if additional rep | orts are attached: | | ÷ |
| | | ust file Addendum A – Fees a | |
| If you have paid an hone expense Reimbursement | orarium or reimbursed expense | s, you must file Addendum B | - Report of Honorariums or |
| If you, your firm, or you | r family has made political co | ntributions, you must file Adde | endum C- Political Contribution |
| | | | |
| worn Statement/Affirmat have read RSA 15, RSA 13 nd complete to the best of the | 5-B, RSA 14-C and RSA 664 a | nd hereby swear or affirm that | the foregoing information is tru |
| m W | 1 nom | 07/26/20 | 17 |
| Signature of lobbyist) | <u> </u> | | (Date) |
| George W. Rousso | os | | |

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) George W. Roussos and Lindsay | E. Nadea | u | | | |
|--|-----------------|-------------------------|--|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | | | | | |
| Orr & Reno, P.A. (Name of partnership, firm or corporation) | | | | | |
| III. Name of Client American Insurance Association | Date _07, | /26/17 | | | |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses: | relations, or p | ublic relations service | | | |
| a) Total of all fees received in this reporting period | a) \$ | 20,000.00 | | | |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye | | 5,000.00 | | | |
| c) Total of all fees received to date (Add lines a and b) | c) \$ | 25,000.00 | | | |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ | 0.00 | | | |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a busines lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50 restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A. | | | | | |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ | 20,000.00 | | | |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ | 0.00 | | | |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ | 0.00 | | | |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ | 20,000.00 |
|--|-----------------|----------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ | 5,000.00 |
| f) Total of all expenses year to date | f) \$ | 25,000.00 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged. | obbying fees d | uring this reporting |
| Paid to: | Amount: | |
| | \$ | |
| | \$ | |
| | \$ | |
| | | |
| | \$ | |
| | \$ | |
| | | |
| | | |
| Sworn Statement/Affirmation by Lobbyist | | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm | n that the fore | egoing information |
| is true and complete to the best of my knowledge and belief. | | |
| me W/Imm | July 26, | |
| (Signature of lobbyist) | (Da | nte) |
| George W. Roussos | | |
| (Print Name of lobbyist) | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: | | | | | |
|---|---|------------------------------|--|--|--|
| Name of Lobbying pa | rtnership, firm, or corpc | oration: Orr & Reno, P. | ٩ | | |
| Name of Client (leave | blank if Statement is fo | or the partnership, firm, or | corporation and not related to any | | |
| particular client): An | nerican Insurance Ass | ociation | | | |
| Date of Report (check | one): | | | | |
| April 26, 2017 □ | July 26, 2017 🛚 | October 25, 2017 □ | January 31, 2018 □ | | |
| - | | | nd Expenses described above, and umber of Addendum forms being | | |
| 1_ Addendum A(| s). | | | | |
| Addendum B(| s). | | | | |
| Addendum C(| s). | | | | |
| | rm that the foregoing in f my knowledge and bel | lief. | nt and each Addendum is true and y 26, 2017 (Date) | | |
| George W. Roussos | 3 | | | | |